



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

STEVEN THORNTON MD
8210 WALNUT HILL LANE SUITE 130
DALLAS TX 75231

Respondent Name

WAUSAU BUSINESS INSURANCE CO

Carrier's Austin Representative Box

Box Number 01

MFDR Tracking Number

M4-12-3155-01

MFDR Date Received

JUNE 20, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I have attached the medical records and the DWC60 form. The code in dispute is 29875 (59) \$2942.00. I understand that 'synovial resection for visualization' is listed as global to 29880 under the AAOS global data but this was not just for visualization, a large plica needed to be removed in addition. This was necessary for the surgery to be a success. The fee allowance is \$886.88 in which this would be reimbursed at 50% equaling \$443.44 which we are disputing. "

Amount in Dispute: \$443.44

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "No additional payment is due as Liberty Mutual already paid for a procedure in all 3 compartment of the knee under 29880 [medial and lateral meniscectomy] and G0289 [chondroplasty in patellofemoral joint]. Also, 29875 falls under CPT definition of 'separate procedure.' According to Medicare Correct Coding Guide: 'If the code descriptor of a HCPCS/CPT code includes the phrase, 'separate procedure', the procedure is subject o CCI edits based on this designation. CMS does not allow separate reporting of a procedure designated as a 'separate procedure' when it is performed at the same patient encounter as another procedure in an anatomically related area through the same skin incision, orifice, or surgical approach."

Response Submitted by: Liberty Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 20, 2011	CPT Code 29875-59	\$443.44	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- B15- Payment adjusted because this procedure/service is not paid separately.
- U008-This separate independent procedure is considered integral part of the total services performed and does not warrant a separate charge.
- 193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- W2- Workers' compensation claim adjudicated as non-compensable. Carrier not liable for claim or service/treatment.
- U693-By clinical practice standards, this procedure is incidental to the related primary procedure billed.

Issues

1. Does a compensability issue exist in this dispute?
2. Is the allowance for CPT code 29875-59 included in the allowance of another service/procedure performed on this date? Is the requestor entitled to reimbursement?

Findings

1. A review of the Division records and submitted documentation does not support that a compensability issue exists in this dispute regarding the disputed service; therefore, the EOB denial reason code "W2" is not supported.
2. CPT code 29875 is defined as "Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)."

According to the explanation of benefits, the respondent denied reimbursement for the surgeons charges for CPT code 29875-59 based upon reason codes "B15, U008 and U693."

On the disputed date of service, the requestor billed CPT codes 29880, 29875-59 and G0289-59. The respondent paid for the surgeons charges for codes 29880 and G0289-59.

Per NCCI edits, CPT code 29875 is a component of CPT code 29880; however, a modifier is allowed to differentiate the service.

CPT code 29880 is defined as "Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed."

A review of the requestor's billing finds that the requestor appended modifier "59-Distinct Procedural Service" to CPT code 29875.

Modifier 59 is defined as "Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day. Modifier 59 is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances. Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used."

The requestor did not support that CPT code 29875 was performed in a different compartment of the knee from code 29880; therefore, per NCCI edits, code 29875 is a component of code 29880. As a result, reimbursement cannot be recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	06/14/2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.